

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Elgin City Police Department PO Box 128 Elgin, OR 97827-0000 Fax 8/5/96 3:30 PM H3					
4. Employer Identification Number 936002155	5. Recipient Account Number or Identifying Number OR 03102 F	6. Final Report ☐ Yes ☒ No	7. Basis ☒ Cash ☐ Accrual		
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95	To: (Month, Day, Year) 02/28/98	9. Period Covered by this Report From: (Month, Day, Year) 04/01/96	To: (Month, Day, Year) 06/30/96		
10. Transactions:		I Previously Reported 03/31/96	II This Period	III Cumulative	
a. Total outlays		25,699.00	8945	34,644	
b. Recipient share of outlays		1,085.00	322	1,407	
c. Federal share of outlays		24,614.00	8,623	33,237	
d. Total unliquidated obligations		***	***		
e. Recipient share of unliquidated obligations		FOR	FOR		
f. Federal share of unliquidated obligations		OJP	OJP		
g. Total Federal share (Sum of lines c and f)		USE	USE	33,237	
h. Total Federal funds authorized for this funding period		ONLY	ONLY	69,701.00	
i. Unobligated balance of Federal funds (Line h minus line g)		***	***	36,464	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$		PROGRAM INCOME: C. Forfeit \$ E. Expended \$ D. Other \$ F. Unexpended \$			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joe GARLITZ, Recorder			Telephone (Area code, number and extension) 541-437-2253		
Signature of Authorized Certifying Official 			Date Report Submitted 8/5/96		

Previous Editions not Usable

COM.E.2

John Weaver

96

Apr

May

June

Gross	1755	1918	2509
FICA	271	238	311
Med Cr	51	56	73
Pers	105	115	151

Med Ins	358	358	358
Wk Comp	3	3	3
Unempl	<u>88</u>	<u>96</u>	<u>125</u>
	2631	2784	3530
			8945

July	Aug	Sept	1 (2c)
1765.65	1527.20	1556.28	

John W Reg #2(96)

Dec Nov Oct

Even	1833.96	2049.83	1606.58
Fire	113.71	127.09	99.61
Med	76.59	123.74	23.30
Rent	<u>110.04</u>	<u>0</u>	<u>0</u>
	2084.30	2300.66	1729.49
Med	496.00	496.00	496.00
US R Emp. 044	80.70	90.20	70.66
Unempl. 05	<u>91.70</u>	<u>102.50</u>	<u>80.35</u>
	2752.70	2989.36	2376.44
			= 8,118.50

7783.70 fed 96%

324.74 4%